FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

# United States District Court Eastern District of Washington

SEAN F. McAVOY, CLERK DEPUTY SPOKANE, WASHINGTON

		_
EFFRE	Y R FERGUSON	
	No. of the second secon	
(JGF)	minor	

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

(See attachment

Case No. 2:22-cv-00236-SAB (To be filled out by Clerk's Office only)

## **COMPLAINT**

Jury	Demand?
SY	res

□ No

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

## NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

#### PARTIES IN THIS COMPLAINT I.

## **Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:	Ferguson, Jeffre Name (Last, First, MI)	R	
	910 W Fairvier Street Address	~ Ave	
	Contane Contane	WA.	99205
	County, City 509-608-6565	State State	Zip Code . fights. 4 Up gmai 1.co dress (Havailable)
D 6 1 -46	Telephone Number	E-mail Add	dress (if available)
Defendant(s)			
government agen each defendant co	s. You should state the full name of cy, an organization, a corporation an be served. Make sure that the dealbove caption. Attach additional sh	, or an individual efendant(s) listed heets of paper as i	. Include the address where below are identical to those necessary.
Defendant 1:	(See att	achment)	<u> </u>
	Name (Last, First)		
	Street Address	· · · · · · · · · · · · · · · · · · ·	
	County, City	State	Zip Code
Defendant 2:			
	Name (Last, First)		
	Street Address		
	County, City	State	Zip Code

Defendant(s)	Continued		
Defendant 3:			
	Name (Last, First)		
	Street Address		
	County, City	State	Zip Code
Defendant 4:			
	Name (Last, First)		
	Street Address		
	County, City	State	Zip Code
II. BASIS FO	R JURISDICTION		
Check the option t	hat best describes the basis	for jurisdiction in your c	case:
□ U.S. Governm	ent Defendant: United Sta	tes or a federal official or	agency is a defendant.
•	itizenship: A matter between in controversy exceeds \$7.		e citizens of different states
✓ Federal Ques	tion: Claim arises under the	e Constitution, laws, or tr	eaties of the United States.
If you chose "Federights have been v	eral Question", state which iolated.	_	onal or federal statutory
	(See at	teel 2)	

#### III. **VENUE**

you?

Venue is appropriate in this Court because:

This court can hear cases arising out of the Eastern District of Washington.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

the above reasons 28 usc 1391 IV. STATEMENT OF CLAIM Place(s) of (See Attachie) occurrence: Date(s) of occurrence: State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions. **FACTS:** See attache What happened to

	······································
	(See Attarence)
Was	THE BILLION OF
anyone else	
involved?	

Who did	(See attaches)
what?	
•	

٧.	INJURIES
If you	sustained injuries related to the events alleged above, describe them here.
	(See attached
<del></del>	
VI.	RELIEF
The r	elief I want the court to order is:
<b>/</b>	Money damages in the amount of: \$ (0 000 000
d	Other (explain):
	custody of child. Jail Sentence es
	the law reads for crimes as these.
	(See atterned)

#### VII. **CLOSING**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

See Attached

Plo W Fair WW Ave Spokere MA 99705

Address City State Zip Code

509.608-0565

Maddy-fights.4u@gawil.w

E-mail Address (if available)

519.608-0565 Telephone Number

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

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